

# Hydrate Flow IV Therapy and Integrative Wellness

## Consent for Telehealth Consultation via Zoom

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number (in case of technical difficulty): \_\_\_\_\_

Location of patient during visit (must be in Florida): \_\_\_\_\_

### 1. Telehealth Participation

I understand that I am voluntarily engaging in a telehealth consultation with Hydrate Flow IV Therapy and Integrative Wellness via Zoom, a HIPAA-compliant video platform.

### 2. Nature of Telehealth

I understand that the video or phone consultation will not be the same as an in-person visit due to the lack of physical presence.

### 3. Benefits of Telehealth

Telehealth may allow easier access to care, reduced costs, and appointments from the comfort of my home.

### 4. Potential Risks

I understand there may be risks such as poor video quality, dropped connections, or unauthorized access despite encryption. Either I or the provider may discontinue the session if the technology is inadequate.

### 5. Confidentiality & Privacy

My healthcare information may be shared for scheduling and billing. Any person present on either end will be disclosed and required to maintain confidentiality. I may request that individuals leave or omit sensitive topics.

### 6. Privacy Compliance

This telehealth session complies with HIPAA. My information is protected during electronic transmission.

### 7. Location Disclosure

I confirm that I am physically located in the state of Florida during this telehealth session.

### 8. Alternatives to Telehealth

I understand I can seek an in-person evaluation elsewhere and am choosing to use telehealth at Hydrate Flow.

### 9. Limitations of Physical Exam

I understand that exams will be limited to what is visible by video or guided externally. Some tests may not be

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possible during this visit.

### 10. Non-Emergency Nature

Hydrate Flow's telehealth service is not for emergency care. If I experience a medical emergency, I will call 911 or seek emergency services.

### 11. Security Measures

Zoom is used for video conferencing and meets HIPAA standards with encryption. I will not share login credentials with unauthorized individuals.

### 12. Right to Withdraw

I may withdraw consent and end the telehealth consultation at any time without affecting future care.

### Acknowledgment and Agreement:

By signing below, I acknowledge that I have read and understood this Telehealth Consent Form. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I voluntarily agree to participate in telehealth services with Hydrate Flow IV Therapy and Integrative Wellness.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider/Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_